

Men and Heart Disease

An Atlas of Racial and Ethnic Disparities in Mortality First Edition

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A Message from the Director of the Centers for Disease Control and Prevention

As the Nation's prevention agency, the Centers for Disease Control and Prevention (CDC) is committed to reducing the burden of heart disease — the leading cause of death and a major contributor to disability in the United States. Deaths from heart disease are largely preventable, and with targeted public health efforts, we can alleviate much of the heavy burden of this disease. To meet this challenge, CDC works to closely monitor geographic and temporal trends in heart disease among racial and ethnic groups, strengthen the delivery of primary and secondary preventive health services to all such groups, and implement policy changes that support heart-healthy environments for all residents of the United States.

Among men, mortality rates for heart disease are higher than the rates for all forms of cancer combined. Approximately 356,598 men die of heart disease each year, and approximately 5.8 million men alive today have suffered a heart attack or angina pectoris (chest pain). In addition, the burden of heart disease among men is not equally distributed among racial and ethnic groups within the United States. *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* comprehensively describes the unequal distribution of heart disease among these groups.

In addition, *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* provides health professionals and concerned citizens at the local, state, and national levels with information essential to identifying populations of men at greatest risk of heart disease and in greatest need of prevention efforts. *Men and Heart Disease* provides, for the first time, county-level maps of heart disease for men of the five largest racial and ethnic groups in the United States — American Indians and Alaska Natives, Asians and Pacific Islanders, Blacks, Hispanics, and Whites. In addition, *Men and Heart Disease* includes maps that depict geographic patterns of local economic and medical care resources and population distributions for each racial and ethnic group. These maps provide crucial information for tailoring prevention efforts to the communities in need.

This publication is the second in a series of atlases related to cardiovascular disease that are being developed through a collaboration between CDC and West Virginia University. The first atlas was *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*.

Now, I am pleased to share *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* with you. I encourage you to use these data to improve the delivery of preventive health services and to create heart-healthy environments for all men.



Jeffrey P. Koplan, M.D., M.P.H.
Director, Centers for Disease Control and Prevention

A Message from the Centers for Disease Control and Prevention's Associate Director for Minority Health

There is an increasing awareness of the health needs of minority populations in the United States. Government and nongovernment health agencies are beginning to identify the gaps in health care and health outcomes that exist among racial and ethnic groups and are beginning to develop strategies to reduce these gaps. Since the inception of the Centers for Disease Control and Prevention's (CDC) Office of Minority Health in 1988, this Office has been committed to improving the health status of racial and ethnic minority populations throughout the United States.

A central focus of our activities in the Office of Minority Health is implementing the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health. Cardiovascular disease is one of the six health status areas that have been targeted for eliminating such disparities by the year 2010. We recognize that to achieve this goal, a major national commitment to identifying and addressing the underlying causes of the racial and ethnic disparities is required. New insights are needed to understand the determinants of the racial and ethnic disparities in cardiovascular disease and to apply our knowledge toward eliminating these gaps. In this regard, *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* is a timely publication that provides a new perspective on the racial and ethnic patterns of cardiovascular disease at the community level.

The maps will enable health researchers to develop new hypotheses regarding the determinants of the geographic patterns of heart disease for each racial and ethnic group, and will also enable health professionals in local, state, and national health agencies to design new programs and policies tailored to the needs of the communities with the highest rates of heart disease mortality.

As we continue to identify the health needs of racial/ethnic minority populations, additional opportunities will arise to expand and modify our public health and medical care strategies for preventing and treating heart disease among all men.



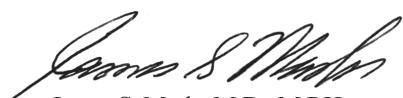
Walter W. Williams, M.D., M.P.H.
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I am pleased to present *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*. Heart disease is the leading cause of death for men and women of all racial and ethnic groups. While approximately half of all heart disease deaths occur among men and half among women, more than 70 percent of premature heart disease deaths (i.e., before age 65) occur among men.

This landmark document supports the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health and addresses the important need to reduce the risk of heart disease among men of all racial and ethnic groups. The maps in *Men and Heart Disease* depict heart disease mortality rates among men, county-by-county, for the entire United States, and identify the places where men of each of the five major racial and ethnic groups experience the highest rates of mortality from heart disease. With this information, public health professionals at the local, state, and national levels will be able to target prevention resources to populations of men in greatest need of services.

Although mortality from heart disease has been declining for several decades, the rate of decline has varied by racial and ethnic group, resulting at times in a widening of the gap between such groups for both men and women. Moreover, recent trends indicate a slowing down in the rate of decline of heart disease mortality and underscore the importance of enhancing our efforts to support innovative community-based strategies for reducing the risk of heart disease. For men of all racial and ethnic groups (as well as for women), it is through prevention that we can expect to achieve the greatest cardiovascular health benefits. *Men and Heart Disease* indicates where those programs are most needed and can have the greatest benefit.

It is my hope that *Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality* will be used to guide the distribution of funds and resources to those communities of men experiencing excess mortality from heart disease and will promote the development of culturally sensitive prevention strategies.



James S. Marks M.D., M.P.H.
Director, National Center for Chronic Disease Prevention and Health Promotion
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